

2020 LAW ENFORCEMENT TOW LIST APPLICATION

All areas in white must be completed. Please print legibly.

SECTION 1: BUSINESS INFORMATION

Business Name:			
Business Office and Lot Address: (shall be located at the same address)	STREET		
	CITY	STATE	ZIP CODE
Business Phone:	()	Email:	
Capacity of Vehicle Storage Lot:	Approximate Number of Vehicles	Years in Business:	Number of Years in Industry

SECTION 2: OWNERSHIP/ MANAGEMENT

Owner's Name:	FIRST	MIDDLE	LAST
Address:	STREET	CITY	STATE ZIP CODE
Telephone:	()	Manager's Name:	

SECTION 3: AREA OF SERVICE

Check box for areas in which the business will perform services – black box (1st box) for light tows, **blue box** (2nd box) for heavy.* **TOW TRUCKS MUST REACH THE SITE WITHIN 30 MINUTES OF BEING CONTACTED BY COMMUNICATIONS.** Failure to reach the site within the required time is a refusal, which may result in punitive action up to and including removal from the Tow List.

☐ ☐ Frederick City

SECTION 4: ADDITIONAL SERVICES

- ☐ Road Service _____ (i.e., change flat tire, minor roadside repairs, etc.)
- ☐ Road Service Agency Certified (i.e., AAA, etc.) List Agencies:

SECTION 5: DRIVERS

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Years in Towing:			
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Years in Towing:			
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Years in Towing:			
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

Driver's Name:	FIRST	MIDDLE	LAST
Date of Birth:	/ /	Telephone:	()
Years in Towing:			
Address:	STREET	CITY	STATE ZIP CODE
Driver's License Number:			State Issued:

SECTION 5: DRIVERS (Continued)							
Driver's Name:	FIRST		MIDDLE		LAST		
Date of Birth:	/ /		Telephone:	()		Years in Towing:	
Address:	STREET			CITY		STATE	ZIP CODE
Driver's License Number:					State Issued:		
Driver's Name:	FIRST		MIDDLE		LAST		
Date of Birth:	/ /		Telephone:	()		Years in Towing:	
Address:	STREET			CITY		STATE	ZIP CODE
Driver's License Number:					State Issued:		
Driver's Name:	FIRST		MIDDLE		LAST		
Date of Birth:	/ /		Telephone:	()		Years in Towing:	
Address:	STREET			CITY		STATE	ZIP CODE
Driver's License Number:					State Issued:		
Driver's Name:	FIRST		MIDDLE		LAST		
Date of Birth:	/ /		Telephone:	()		Years in Towing:	
Address:	STREET			CITY		STATE	ZIP CODE
Driver's License Number:					State Issued:		

☐☐[illegible]☐

Signature

PRINT LEGIBLY